

Charles P. Felton National TB Center
Samuel L. Kountz Pavilion
15 W 136th Street, 6th Floor
New York, NY 10037
Phone: 212-939-8254
Fax: 212-939-8259



The Charles P. Felton
National Tuberculosis Center at Harlem Hospital
and the

New York City Department of Health and Mental Hygiene
Bureau of Tuberculosis Control

are pleased to offer courses in March and September on

THE TB COHORT REVIEW PROCESS

March 7-8, 2005

September 15-16, 2005

For selected teams of TB controllers, program managers, and epidemiologists—especially from cities, counties or states with a medium or high incidence of TB. The first day in the afternoon and all day on the second day you will learn the theory and practice of the “cohort review” method, originally designed by Karl Styblo, to systematically analyze treatment outcomes of every documented TB case in your program area. This useful approach serves several purposes: staff motivation, program review, and training needs assessment.

Observe how it is practiced by staff of the Bureau of TB Control, New York City Department of Health and Mental Hygiene, and discuss how to modify or apply the method in your own program area.

By the end of the course you will be able to:

- Define the cohort review approach
- Discuss the roles key TB control staff play in the cohort review process
- Describe elements of the cohort review process
- Organize the details of a complex case into a brief oral presentation
- Collect data from a cohort review session and calculate statistics for various outcomes
- Identify reasons for program failures and discuss how this information can be used to improve program performance
- Plan how to adapt and implement the cohort review method in your program area

HOW TO APPLY

Complete the application below and fax or mail it to:

Charles P. Felton National TB Center, Kountz Pavilion, 15 W 136th St., 6th Fl., New York, NY 10037

Phone: 212-939-8254. Fax: 212-939-8259. Website: www.harlemtbcenter.org

If the course reaches maximum enrollment early, your application will be kept for future courses. Applicants will be notified in writing of their acceptance into the course.

Please complete this entire form. **Print clearly or type, and do not use abbreviations.** Incomplete applications will delay the application process.



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Check one: ☐ March 7-8, 2005
☐ September 15-16, 2005

Please check one: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

Last name First name Middle initial

Degree(s) used after name Position title How did you hear about the course?

Mailing address

Street Apt. # / Suite #

City State Zip Code

Division, Department, and/or Program Organization

Office telephone Ext. Fax No. E-mail address